

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 08/777,246 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2		1					52
3		1					53
4		1					54
5		1					55
6	1						56
7		1					57
8		1					58
9		1					59
10	1						60
11		1					61
12		1					62
13		1					63
14	1						64
15		1					65
16		1					66
17		1					67
18		1					68
19		1					69
20		1					70
21	1						71
22		1					72
23		1					73
24		1					74
25		1					75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	6						TOTAL IND.
TOTAL DEP.	19						TOTAL DEP.
TOTAL CLAIMS	25						TOTAL CLAIMS